



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E354685**

1 5 2 27
2
3
1 1 8 28
2
3

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	14-02179	
LOCAL AGENCY CODING	0664	
TOTAL # OF UNITS	02	OBJECT STRUCK

TRIBAL RESERVATION

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 09 - 06 - 2014	0827	31	N S E W	IN OF 0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
18 ST NE	BLOCK NO. <input checked="" type="checkbox"/>	12400
	MILE POST	

DISTANCE	OF (REFERENCE OR CROSS STREET)
MILES <input type="checkbox"/>	N <input type="checkbox"/> E <input type="checkbox"/>
FEET <input type="checkbox"/>	S <input type="checkbox"/> W <input type="checkbox"/>

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 5094961610
---------	---	--------------------------------------	--	---------------------

LAST NAME	HUGHES	FIRST NAME	FOREST	MIDDLE INITIAL	L
-----------	--------	------------	--------	----------------	---

STREET NEW ADDRESS	17701 100TH ST NE
--------------------	-------------------

CITY	GRANITE FALLS	ST	WA	ZIP	982528609
------	---------------	----	----	-----	-----------

CDL	A	RESTRICTIONS	ENDORSEMENTS	N
-----	---	--------------	--------------	---

DRIVER'S LICENSE #	HUGHEFL431PU	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	10	31	1957
--------------------	--------------	-------	----	-----	---	--------	----------	----	----	------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	9	INJURY CLASS	1	NATURE OF INJURIES
----------------------------------	--------	--------	---	--------	---	-------	---	------------	---	--------------	---	--------------------

LICENSE PLATE #	B7994SV	STATE	WA	VIN#
-----------------	---------	-------	----	------

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
-----------------	-------	-----------------	-------

VEH. YEAR	2013	MAKE	INTL	MODEL	4300	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	------	------	------	-------	------	-------	---	----------	---

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	KEMPER CCCICR137654202
---	-------------------------	------------------------

VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
--	------------	--------



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
---------	---	--------------------------------------	-------------------------------------	---	--	-------

LAST NAME	UNKNOWN	FIRST NAME	MIDDLE INITIAL
-----------	---------	------------	----------------

STREET NEW ADDRESS

CITY	ST	ZIP
------	----	-----

CDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

DRIVER'S LICENSE #	STATE	SEX	U	D.O.B.	MMDDYYYY
--------------------	-------	-----	---	--------	----------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES
----------------------------------	--------	--------	---	--------	---	-------	---	------------	---	--------------	---	--------------------

LICENSE PLATE #	1C6RR7TT0ES400235	STATE	WA	VIN#
-----------------	-------------------	-------	----	------

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
-----------------	-------	-----------------	-------

VEH. YEAR	2014	MAKE	DODG	MODEL	RAM 1500	STYLE	PK	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	------	------	------	-------	----------	-------	----	---	----------	---

REGISTERED OWNER INFO.	TONY BUCKINGHAM 1919 1/2 79TH AVE SE LAKE STEVENS WA 982580000 D: 4254220931
------------------------	--

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	SAFECO INSURANCE H2021639
---	-------------------------	---------------------------

VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
--	------------	--------



OFFICER'S NAME (PRINT)	N. ADAMS #127	BADGE OR ID #	127	AGENCY	WA0311900
------------------------	---------------	---------------	-----	--------	-----------

1 4 30
1 2 31
2
5
1 32
2
3
FROM TO
3 5 33
FROM ED
34
4 35
36
37
38
39
40
1 41
1 42



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E354685**

CASE # **14-02179**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

On 09/06/14 at about 0829 hours (all times approximate) I was dispatched to a cold vehicle collision on 18th St NE in the city of Lake Stevens.

Vehicle 1 was a commercial truck heading west on 18th St NE. While vehicle 1 was turning south into the Post Office parking lot when his rear bumper swung wide and struck vehicle 2's left rear panel and tail light.

Vehicle 2 was legally parked and unoccupied during the collision. The owner of vehicle 2 was located and both drivers provided their information. No injuries occurred.

I took digital photographs of the vehicles which were later burned onto a CD and booked into evidence.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

N. ADAMS #127

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

09-06-14 05:52 PM

DATED

PLACE SIGNED

APPROVED BY

SGT. C. VALVICK 71

DATE

9/7/2014 4:18:00 PM

BADGE OR ID # **127**

ORI #

WA0311900

TIME POLICE DISPATCHED

8:29 AM

TIME POLICE ARRIVED

8:29 AM



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E354685**

CASE # **14-02179**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐ INTRASTATE ☐

UNIT # **1** USDOT **00** ICC # **0** VEHICLE TYPE **0** CARGO BODY TYPE **0**

CARRIER
NAME

CARRIER
ADDRESS

CITY

ST

ZIP

NAME
SOURCE

AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT # **1** MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET ☐ YES ☐ NO ☐ PHONE **000-000-0000**

LAST NAME

FIRST NAME

MIDDLE
INITIAL

STREET
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX

D.O.B.
MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

LICENSE
PLATE #

STATE

VIN#

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED
YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT ☐

INSURANCE CO
& POLICY #

VEHICLE
LEGALLY
STANDING ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT # **1** MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET ☐ YES ☐ NO ☐ PHONE **000-000-0000**

LAST NAME

FIRST NAME

MIDDLE
INITIAL

STREET
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX

D.O.B.
MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

LICENSE
PLATE #

STATE

VIN#

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED
YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT ☐

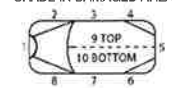
INSURANCE CO
& POLICY #

VEHICLE
LEGALLY
STANDING ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

N. ADAMS #127

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

09-06-14 05:52 PM

DATED:

PLACE SIGNED

BADGE
OR ID # **127**

ORI
#

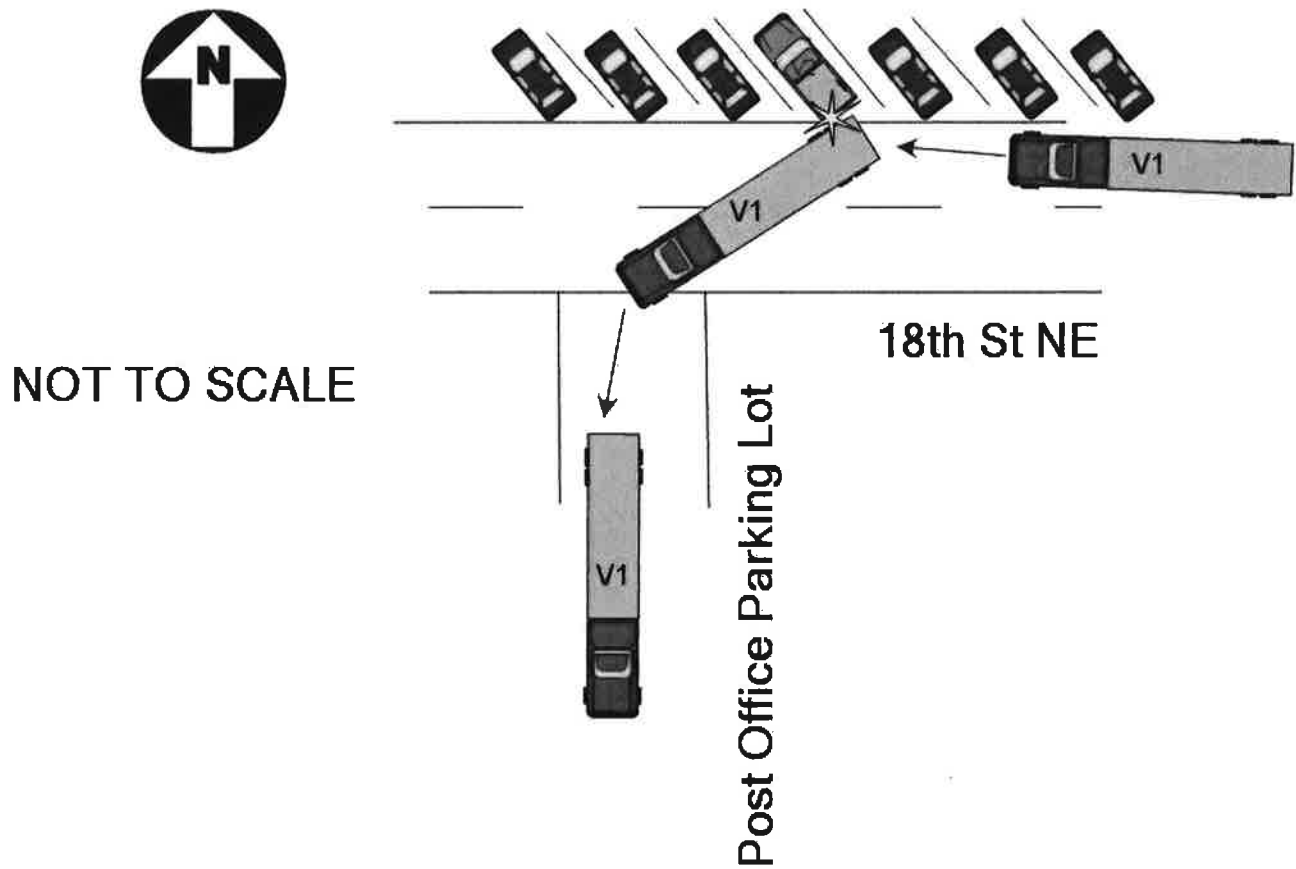
WA0311900

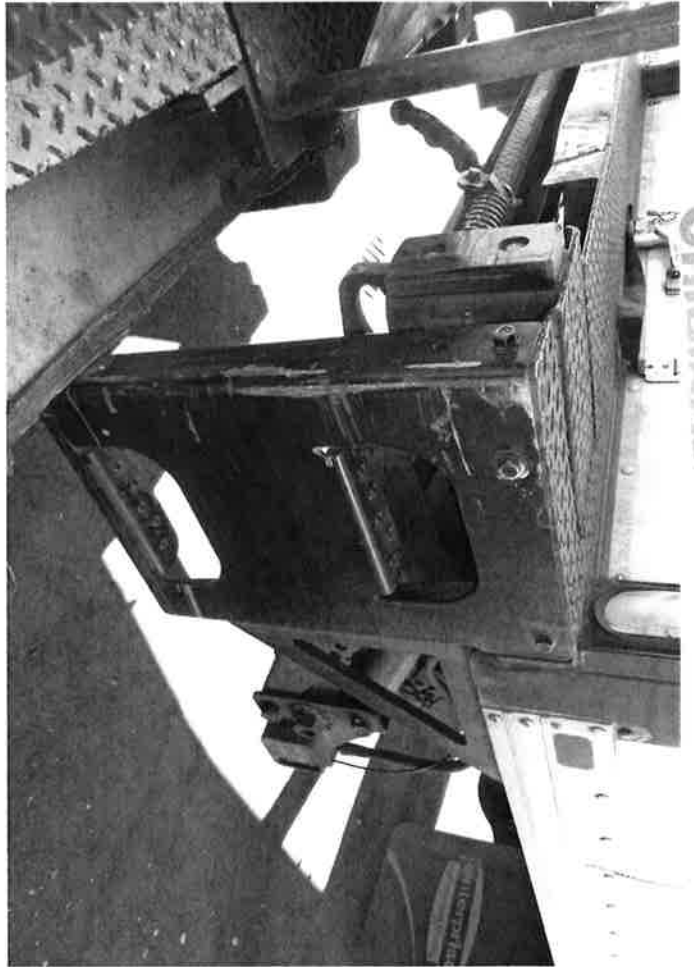
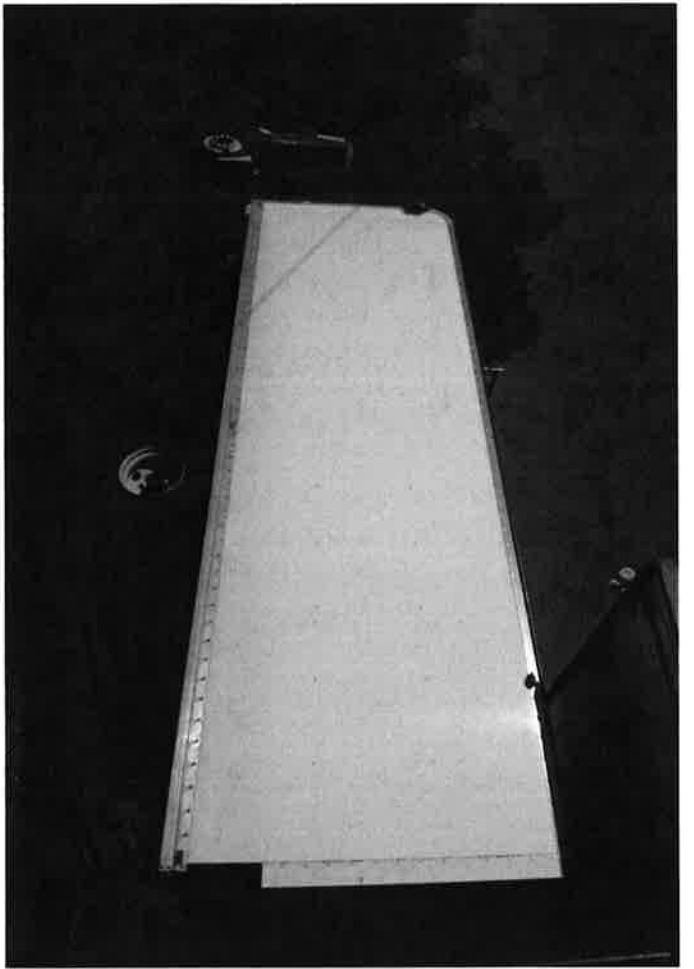
APPROVED BY
VALVICK

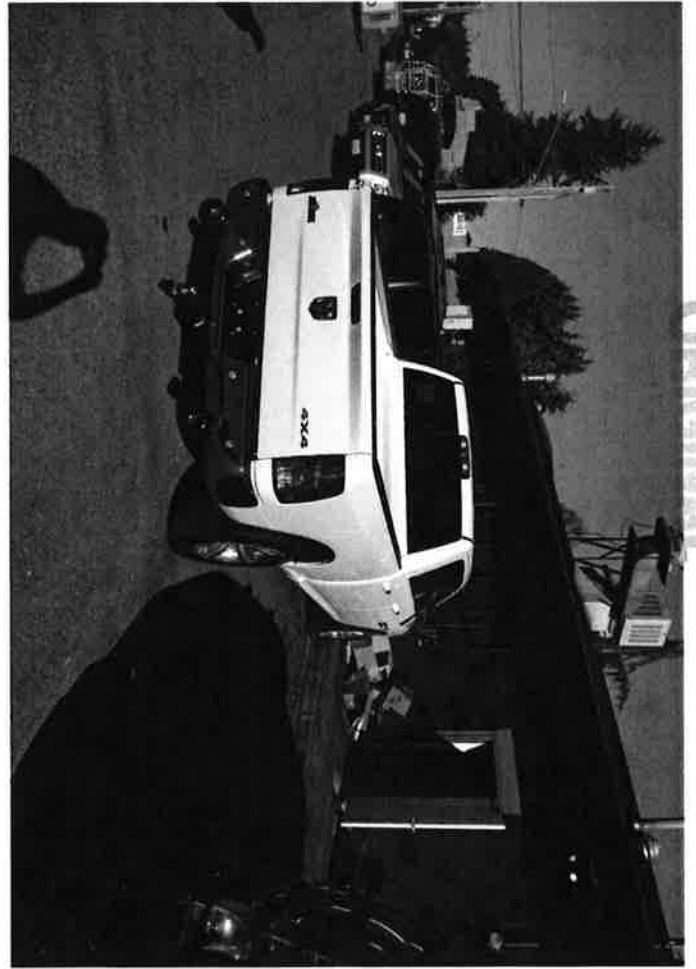
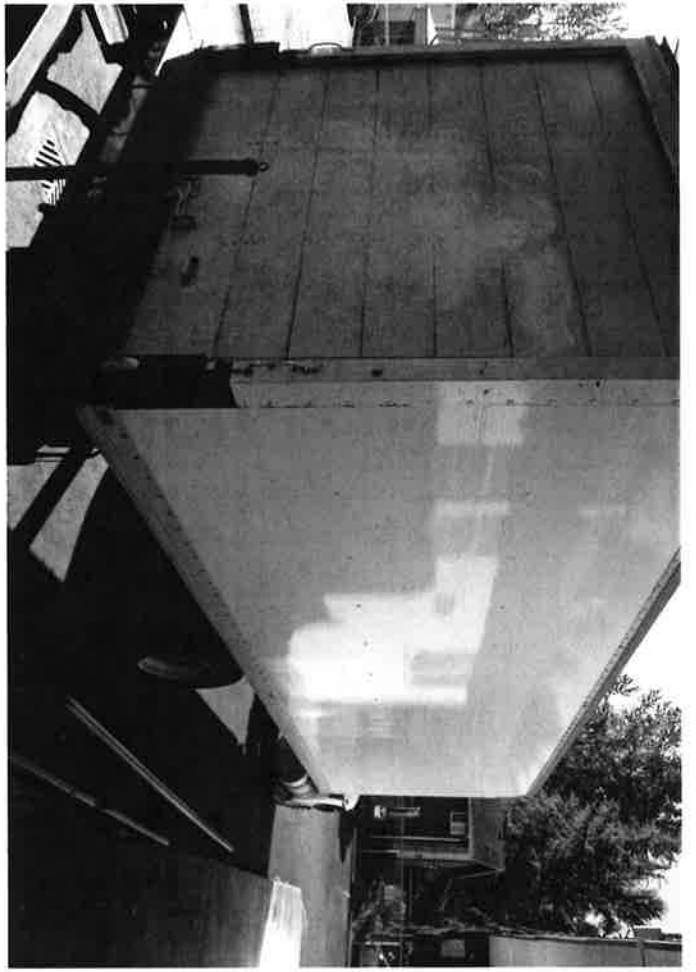
DATE
9/7/2014

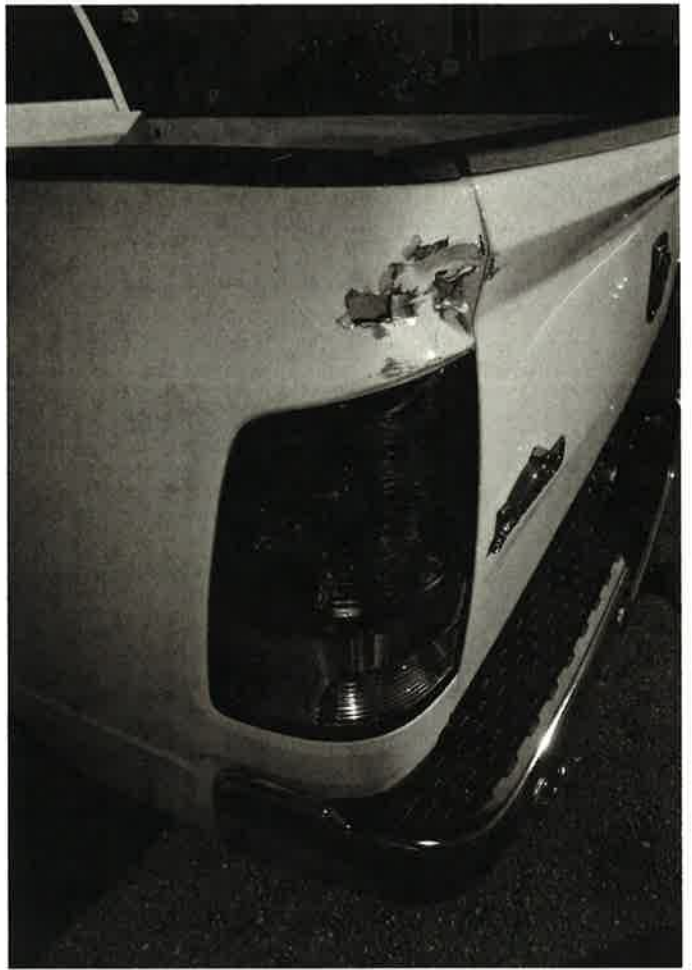
PAGE **3**

OF **4**









LSPD
ORIGINAL

LAKE STEVENS POLICE EVIDENCE UNIT <i>Collision</i>		Primary Officer/Badge Number <i>Adams #127</i>		Case Number <i>14-02179</i>	
Type of Crime: <u>Felony / Misdemeanor (Circle)</u>		Type of Case: <i>Collision</i>		Date/Time:	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification			

Item # <i>NA 1</i> Action # <i>3</i>	Item <i>CD with pics</i>	Brand Name <i>Compucessory</i>	Storage Location	Disposition					
	Brand/Model/Caliber (Further Description)								
	Serial #	Where Found <i>1801 Main St, LKS</i>			Weight of Narcotic				
Owner's Name <i>LSPD</i>			Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <div style="text-align: right;"><i>127</i></div>									

Item #	Item	Brand Name	Storage Location	Disposition					
	Brand/Model/Caliber (Further Description)								
	Serial #	Where Found			Weight of Narcotic				
Owner's Name			Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions									

Item #	Item	Brand Name	Storage Location	Disposition					
	Brand/Model/Caliber (Further Description)								
	Serial #	Where Found			Weight of Narcotic				
Owner's Name			Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions									

Item #	Item	Brand Name	Storage Location	Disposition					
	Brand/Model/Caliber (Further Description)								
	Serial #	Where Found			Weight of Narcotic				
Owner's Name			Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions									

Item #	Item	Brand Name	Storage Location	Disposition					
	Brand/Model/Caliber (Further Description)								
	Serial #	Where Found			Weight of Narcotic				
Owner's Name			Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions									

Evidence Control Use Only:					
Received by Evidence:	NCIC/WACIC ✓	Date:	CAD/RMS Checked	ROUTING: _____	
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room	
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File	

ORIGINAL

Incident History for: #SS14017436

Case Numbers: \$SS14002179

Entered 09/06/14 08:29:53 BY SPDP17 SP0377

Dispatched 09/06/14 08:29:53 BY SPDP17 SP0377

Enroute 09/06/14 08:29:53

Onscene 09/06/14 08:29:53

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1620 Map Page: 377J-6 Group: SS1 (SS2) Beat:

Src:

Loc: 1801 MAIN ST ,LKS -- BUZZ INN STEAK HOU ,LKS btwn 18 ST NE & 124 AV NE (V)

Loc Info:

Name: Addr: Phone:

/0829	(SP0377) \$OUTSRV		, NO MORE INFORMATION
/0829	DISPOS 19E1		#SS102 PLANALP, OFFICER (DANIEL)
			, NO MORE INFORMATION
/0831	CHANGE		LOC: BUZZ INN --> 1801 MAIN ST ,LKS,
			DGP: SS2 --> SS1,
			BLK: --> SS001
/0831	ASSTER 19D2		[1801 MAIN ST ,LKS]
			#SS127 ADAMS, OFFICER (NATHAN)
/0834	ONSCNE 19D2		
/0930	ASNCAS 19D2		\$SS14002179
/0936	(SS127) *CLEAR 19D2		D/H

LSPD
ORIGINAL